

10/543026

Attorney Docket No. \_\_\_\_\_

**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**A CUTTING HEAD FOR A BRUSH CUTTER, EDGE TRIMMER OR SIMILAR**

the specification of which

☐ is attached hereto

OR

☒ was filed on **January 23, 2004** as ~~United States Application No.~~ or PCT International Application Number **PCT IB 2004/000436** and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                                     |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|-------------------------------------|
|                                     |         |                                  |                          | Yes                      | No                                  |
| 0300715                             | FRANCE  | 01/23/2003                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number:

**Customer Number**

Direct telephone calls to:

Registration No.

Tel

Fax

1-00 Full name of (first/sole) inventor: **Emmanuel LEGRAND**

Inventor's

Signature: 

Date:

2nd June 2005

Residence:

VILLENEUVE-FRANCE *frx*

Citizenship:

**French**

Mailing Address:

**Le Bourg - 01480 VILLENEUVE- FRANCE**

Full name of second inventor:

Inventor's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of third inventor:

Inventor's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Full name of fourth inventor:

Inventor's

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_